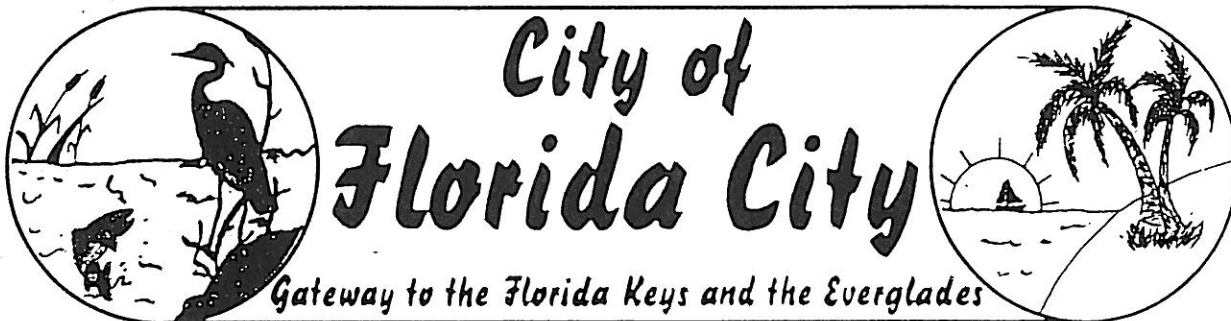


LAST NAME

FIRST

POSITION APPLIED FOR



Employment Application Form

Personnel Department
City of Florida City
404 West Palm Drive
Florida City, Florida 33034-0570
(305) 245-1861 Fax (305) 242-8133

CITY OF FLORIDA CITY

DIRECTIONS FOR COMPLETING EMPLOYMENT APPLICATION

Please fill out the application, the EEQ Questionnaire and Military Experience (if applicable) completely--particularly the address and telephone number. Please include, in the appropriate blank, the name and telephone number of someone who will take a message and relay it to you should we try to reach you at a time when you may not be available. The City of Florida City Personnel Department only accepts applications for jobs currently posted. Please see the bulletin board for postings. This policy helps us give personal attention to applicants for current openings.

We will submit your application, if it meets minimum qualifications as posted, to the Department that has the opening. They will review it and call you for an interview based upon your information and qualifications. However, the City of Florida City reserves the right to limit the number of qualified candidates to be interviewed, and reserves the right to arrange for pre-employment substance abuse testing.

Please include all information, including resumes and letters of recommendation, that is relevant to the job for which you are applying. If you have a resume, attach it or use it to assist you in answering the questions on the application. Failure to complete the entire application may be cause for rejecting it. Any misrepresentation, false or incomplete information or omission of facts requested is cause for rejection of the application or dismissal from City of Florida City service. Please add any comments on the back of this application, such as why you feel you are especially qualified for this job, etc. Be sure to account for periods of unemployment. Attach additional sheets if necessary. Please include copies of degrees or transcripts.

You must complete an application for each vacant position which is posted and you are interested. Our new openings are generally advertised in The Miami Herald and/or The South Dade News Leader, and are posted in the City's Personnel Office.

Thank you for your interest in the City of Florida City.

Personnel Department - May, 1996

(File: 050696DP/1996Ctk/Directions.Prs)

NOTICE: APPLICATIONS ARE PUBLIC RECORDS UNDER FLORIDA LAW

HAND PRINT ANSWERS TO ALL QUESTIONS IN BLACK INK !

PLEASE REVIEW ENTIRE APPLICATION BEFORE YOU BEGIN

Answer every question; if a question does not apply to you, enter "N/A" (not applicable). If additional information is requested include both the question and the response in a separate attachment.

Failure to carefully follow these instructions will eliminate or adversely affect consideration of your application.

NOTE: The Medical Release included in the application will not be utilized unless/until you are appointed; if appointed, continuation of employment will be subject to compliance with the City's medical requirements.

INCOMPLETE AND/OR UNSIGNED APPLICATIONS WILL NOT BE PROCESSED.

NAME (Last)	(Middle)	(First)
MAIDEN NAME	ALIAS	
ADDRESS		
CITY	STATE	ZIPCODE
TELEPHONE (home) [] (work) []		
(if at present address less than 5 years, list previous address)		
ADDRESS		
CITY	STATE	ZIPCODE

SOCIAL SECURITY NUMBER		(attach copy of registration)	
HEIGHT	WEIGHT	EYE COLOR	HAIR COLOR

UNDER 18 YEARS OF AGE	[] NO	[] YES	(attach copy of Work Permit)
EVER BEEN FINGERPRINTED	[] NO	[] YES	(attach detailed information)
EVER TAKEN A DRUG TEST	[] NO	[] YES	(attach detailed information)
EVER BEEN ARRESTED	[] NO	[] YES	(attach detailed information)
ANY CRIMINAL CONVICTIONS	[] NO	[] YES	(attach detailed information)
DRINK ALCOHOLIC BEVERAGES	[] NO	[] YES	(attach detailed information)
EVER STEAL FROM EMPLOYER	[] NO	[] YES	(attach detailed information)
USE NON-PRESCRIPTION DRUGS	[] NO	[] YES	(attach detailed information)
EVER USE A DIFFERENT NAME	[] NO	[] YES	(attach detailed information)
EVER TAKE A POLYGRAPH EXAM	[] NO	[] YES	(attach detailed information)
U.S CITIZEN	[] YES	[] NO	(attach authorization to work in U.S.)

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED												COLLEGE				GRADUATE SCHOOL			
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20

HIGH SCHOOL(S) AND ALL OTHER SCHOOL(S) ATTENDED
 Start with first High School, attach additional sheets if necessary

1	<input type="checkbox"/> HIGH SCHOOL <input type="checkbox"/> GED																		
NAME																			
LOCATION																			
ATTENDED		FROM												TO					
CREDITS				<input type="checkbox"/> SEMESTER				<input type="checkbox"/> QUARTER				GRADE POINT AVERAGE							
GRADUATE		<input type="checkbox"/> NO				<input type="checkbox"/> YES				DEGREE									
MAJOR												MINOR							

2	<input type="checkbox"/> HIGH SCHOOL <input type="checkbox"/> VOCATIONAL/TECHNICAL <input type="checkbox"/> COLLEGE																		
NAME																			
LOCATION																			
ATTENDED		FROM												TO					
CREDITS				<input type="checkbox"/> SEMESTER				<input type="checkbox"/> QUARTER				GRADE POINT AVERAGE							
GRADUATE		<input type="checkbox"/> NO				<input type="checkbox"/> YES				DEGREE									
MAJOR												MINOR							

3	<input type="checkbox"/> HIGH SCHOOL <input type="checkbox"/> VOCATIONAL/TECHNICAL <input type="checkbox"/> COLLEGE																		
NAME																			
LOCATION																			
ATTENDED		FROM												TO					
CREDITS				<input type="checkbox"/> SEMESTER				<input type="checkbox"/> QUARTER				GRADE POINT AVERAGE							
GRADUATE		<input type="checkbox"/> NO				<input type="checkbox"/> YES				DEGREE									
MAJOR												MINOR							

4	<input type="checkbox"/> HIGH SCHOOL <input type="checkbox"/> VOCATIONAL/TECHNICAL <input type="checkbox"/> COLLEGE																		
NAME																			
LOCATION																			
ATTENDED		FROM												TO					
CREDITS				<input type="checkbox"/> SEMESTER				<input type="checkbox"/> QUARTER				GRADE POINT AVERAGE							
GRADUATE		<input type="checkbox"/> NO				<input type="checkbox"/> YES				DEGREE									
MAJOR												MINOR							

EDUCATION

5	<input type="checkbox"/> HIGH SCHOOL <input type="checkbox"/> VOCATIONAL/TECHNICAL <input type="checkbox"/> COLLEGE		
NAME			
LOCATION			
ATTENDED	FROM	TO	
CREDITS	<input type="checkbox"/> SEMESTER <input type="checkbox"/> QUARTER	GRADE POINT AVERAGE	
GRADUATE	<input type="checkbox"/> NO <input type="checkbox"/> YES	DEGREE	
MAJOR		MINOR	

6	<input type="checkbox"/> HIGH SCHOOL <input type="checkbox"/> VOCATIONAL/TECHNICAL <input type="checkbox"/> COLLEGE		
NAME			
LOCATION			
ATTENDED	FROM	TO	
CREDITS	<input type="checkbox"/> SEMESTER <input type="checkbox"/> QUARTER	GRADE POINT AVERAGE	
GRADUATE	<input type="checkbox"/> NO <input type="checkbox"/> YES	DEGREE	
MAJOR		MINOR	

7	<input type="checkbox"/> HIGH SCHOOL <input type="checkbox"/> VOCATIONAL/TECHNICAL <input type="checkbox"/> COLLEGE		
NAME			
LOCATION			
ATTENDED	FROM	TO	
CREDITS	<input type="checkbox"/> SEMESTER <input type="checkbox"/> QUARTER	GRADE POINT AVERAGE	
GRADUATE	<input type="checkbox"/> NO <input type="checkbox"/> YES	DEGREE	
MAJOR		MINOR	

OTHER TRAINING/CERTIFICATE PROGRAM(S)

Attach additional sheets if necessary

COURSE/PROGRAM TITLE	NAME OF SCHOOL OR INSTITUTION	DATES ATTENDED From To	CLASS HOURS

ATTACH COPY OF ALL DIPLOMA(S)/CERTIFICATE(S) CLAIMED, AND TRANSCRIPT(S) FROM ALL COLLEGE(S)/VOCATIONAL/TECHNICAL TRAINING SCHOOL(S) ATTENDED. IF DEGREE(S) IS FROM A FOREIGN SCHOOL, INCLUDE A TRANSCRIPT EVALUATION BY A U.S. COLLEGE (OR VOCATIONAL/TECHNICAL TRAINING SCHOOL IF APPROPRIATE). FOR ASSISTANCE OR MORE INFORMATION CONTACT THE CITY'S PERSONNEL OFFICE.

EMPLOYMENT RECORD (You must include employment dates, salaries and reasons for leaving. Start with your present or most recent employer.)

TOTAL YEARS OF PAID EXPERIENCE	FULL TIME	PART TIME
TOTAL YEARS APPLICABLE EXPERIENCE	FULL TIME	PART TIME

LIST EVERY EMPLOYER - STARTING WITH CURRENT OR MOST RECENT

EMPLOYER			
ADDRESS			
CITY		STATE	ZIP
PRODUCT OR SERVICE		TOTAL EMPLOYEES	
SUPERVISOR'S NAME		PHONE []	
POSITION TITLE		NUMBER SUPERVISED	
EMPLOYED	FROM	TO	STARTING PAY \$
[]	FULL TIME [] PART TIME (Hours per week)		ENDING PAY \$
DESCRIPTION OF DUTIES			
REASON FOR LEAVING			

EMPLOYER			
ADDRESS			
CITY		STATE	ZIP
PRODUCT/SERVICE		TOTAL EMPLOYEES	
SUPERVISOR'S NAME		PHONE []	
POSITION TITLE		NUMBER SUPERVISED	
EMPLOYED	FROM	TO	STARTING PAY \$
[]	FULL TIME [] PART TIME (Hours per week)		ENDING PAY \$
DESCRIPTION OF DUTIES			
REASON FOR LEAVING			

EMPLOYMENT HISTORY

EMPLOYER			
ADDRESS			
CITY		STATE	ZIP
PRODUCT/SERVICE		TOTAL EMPLOYEES	
SUPERVISOR'S NAME		PHONE []	
POSITION TITLE		NUMBER SUPERVISED	
EMPLOYED	FROM	TO	STARTING PAY \$
[] FULL TIME [] PART TIME (Hours per week)	ENDING PAY \$
DESCRIPTION OF DUTIES			
REASON FOR LEAVING			

EMPLOYER			
ADDRESS			
CITY		STATE	ZIP
PRODUCT OR SERVICE		TOTAL EMPLOYEES	
SUPERVISOR'S NAME		PHONE []	
POSITION TITLE		NUMBER SUPERVISED	
EMPLOYED	FROM	TO	STARTING PAY \$
[] FULL TIME [] PART TIME (Hours per week)	ENDING PAY \$
DESCRIPTION OF DUTIES			
REASON FOR LEAVING			

EMPLOYMENT HISTORY

EMPLOYER			
ADDRESS			
CITY		STATE	ZIP
PRODUCT OR SERVICE		TOTAL EMPLOYEES	
SUPERVISOR'S NAME		PHONE []	
POSITION TITLE		NUMBER SUPERVISED	
EMPLOYED	FROM	TO	STARTING PAY \$
[] FULL TIME		[] PART TIME (Hours per week)	ENDING PAY \$
DESCRIPTION OF DUTIES			
REASON FOR LEAVING			

EMPLOYER			
ADDRESS			
CITY		STATE	ZIP
PRODUCT OR SERVICE		TOTAL EMPLOYEES	
SUPERVISOR'S NAME		PHONE []	
POSITION TITLE		NUMBER SUPERVISED	
EMPLOYED	FROM	TO	STARTING PAY \$
[] FULL TIME		[] PART TIME (Hours per week)	ENDING PAY \$
DESCRIPTION OF DUTIES			
REASON FOR LEAVING			

EMPLOYMENT HISTORY

EMPLOYER			
ADDRESS			
CITY		STATE	ZIP
PRODUCT OR SERVICE		TOTAL EMPLOYEES	
SUPERVISOR'S NAME		PHONE []	
POSITION TITLE		NUMBER SUPERVISED	
EMPLOYED	FROM	TO	STARTING PAY \$
[] FULL TIME [] PART TIME (Hours per week)	ENDING PAY \$
DESCRIPTION OF DUTIES			
REASON FOR LEAVING			

EMPLOYER			
ADDRESS			
CITY		STATE	ZIP
PRODUCT OR SERVICE		TOTAL EMPLOYEES	
SUPERVISOR'S NAME		PHONE []	
POSITION TITLE		NUMBER SUPERVISED	
EMPLOYED	FROM	TO	STARTING PAY \$
[] FULL TIME [] PART TIME (Hours per week)	ENDING PAY \$
DESCRIPTION OF DUTIES			
REASON FOR LEAVING			

Include all paid employment. Attach additional sheets if necessary, providing the same information requested above.

VEHICLE OPERATORS LICENSE(S)

Attach copy(s)

<input type="checkbox"/> OPERATOR NUMBER	STATE	EXPIRATION
RESTRICTIONS		
<input type="checkbox"/> COMMERICAL NUMBER	STATE	EXPIRATION
RESTRICTIONS		TYPE
EVER RECEIVE A TRAFFIC CITATION <input type="checkbox"/> NO <input type="checkbox"/> YES (attach details)		
LICENSE EVER SUSPENDED OR REVOKED <input type="checkbox"/> NO <input type="checkbox"/> YES (attach details)		

PROFESSIONAL LICENSE(S)/REGISTRATION(S)

Attach copy(s)

TYPE	NUMBER
ISSUING AGENCY	EXPIRATION DATE
TYPE	NUMBER
ISSUING AGENCY	EXPIRATION DATE
TYPE	NUMBER
ISSUING AGENCY	EXPIRATION DATE

LANGUAGE SKILLS

(Indicate level of proficiency: Beginner Intermediate Advanced Fluent)

LANGUAGE	UNDERSTAND	SPEAK	READ	WRITE
ENGLISH				

MILITARY EXPERIENCE

Attach copy of DD - 214

(Copy of DD-204 may be required prior to appointment)

ACTIVE DUTY	BRANCH		
DATE ENTERED	DATE DISCHARGED	TYPE	
RESERVE DUTY	BRANCH		
DATE ENTERED	DATE DISCHARGED	TYPE	
ID NUMBER	HIGHEST RANK		
SERVED OUTSIDE U. S. <input type="checkbox"/> YES <input type="checkbox"/> NO	FINAL RANK		
<input type="checkbox"/> SERVED DURING TIME OF WAR	FROM	TO	
ANY METALS/DECORATIONS <input type="checkbox"/> NO <input type="checkbox"/> YES (attach detailed information)			
ANY DISCIPLINARY ACTIONS <input type="checkbox"/> NO <input type="checkbox"/> YES (attach detailed information)			

PERSONAL REFERENCES

NAME	OCCUPATION	
ADDRESS		
CITY	STATE	ZIP
TELEPHONE (day time) []	YEARS KNOWN	

NAME	OCCUPATION	
ADDRESS		
CITY	STATE	ZIP
TELEPHONE (day time) []	YEARS KNOWN	

NAME	OCCUPATION	
ADDRESS		
CITY	STATE	ZIP
TELEPHONE (day time) []	YEARS KNOWN	

NAME	OCCUPATION	
ADDRESS		
CITY	STATE	ZIP
TELEPHONE (day time) []	YEARS KNOWN	

PROFESSIONAL REFERENCES

NAME	OCCUPATION	
ADDRESS		
CITY	STATE	ZIP
TELEPHONE (day time) []	YEARS KNOWN	

NAME	OCCUPATION	
ADDRESS		
CITY	STATE	ZIP
TELEPHONE (day time) []	YEARS KNOWN	

NAME	OCCUPATION	
ADDRESS		
CITY	STATE	ZIP
TELEPHONE (day time) []	YEARS KNOWN	

NAME	OCCUPATION	
ADDRESS		
CITY	STATE	ZIP
TELEPHONE (day time) []	YEARS KNOWN	

CITY OF FLORIDA CITY

AUTHORITY TO RELEASE EDUCATION, TRAINING, AND EMPLOYMENT INFORMATION

TO WHOM IT MAY CONCERN:

In connection with my application for employment, I hereby authorize the City of Florida City's Personnel Officer, or other duly authorized representative of the City of Florida City bearing this release, or copy thereof, to obtain any information you may have or that is contained in your files pertaining to my employment training, medical, credit, and/or educational records, including, but not limited to, achievement, attendance, personal history, performance, disciplinary actions, medical records, or credit records. This release is executed with full knowledge and understanding that the information is for the official use of the City and is subject to the provisions of the Privacy Act, Public Law 93-579. Consent is also granted for the City to furnish the information described above to third parties in the course of fulfill in its official responsibilities.

I, and on behalf of my heirs, family or associates, hereby release you, as the custodian of such information or records, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result because of compliance with this authorization to release such information, or any attempt to comply with this request.

This release shall remain in full force and effect for one year from the date set forth below, or, if employed by the City within one year of the date set forth below, until rescinded by my written notice to the City after termination of my employment.

Should there be any question as to the validity of this release, you may contact me as indicated below.

PRINT NAME:

SIGNATURE:

ADDRESS:

TELEPHONE: ()

CITY

STATE:

ZIP:

STATE OF FLORIDA
COUNTY OF DADE

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS _____ OF

_____, 19__ BY _____,

WHO PRESENTED _____ AS

IDENTIFICATION, AND DID TAKE AN OATH.

(YOUR SIGNATURE)

(YOUR NAME)

NOTARY PUBLIC - STATE OF FLORIDA

(COMMISSION NUMBER)

(DATE YOUR COMMISSION EXPIRES)

CITY OF FLORIDA CITY

AUTHORITY TO RELEASE MEDICAL INFORMATION

TO WHOM IT MAY CONCERN:

I hereby authorize the City of Florida City's Personnel Officer, or any other duly authorized representative of the City of Florida City bearing this release, or a copy thereof, to obtain any and all medical records relating to any or all of my medical history and records of treatment including alcohol and drug testing results.

This release is executed with full knowledge and understanding that the information is for the official use of the City and is subject to the provisions of the Privacy Act, Public Law 93-579 and the City's Personnel Rules and Regulations. Consent is also granted for the City to furnish the information described above to third parties only in the course of fulfilling the City's official responsibilities.

I, and on behalf of my heirs, family and/or associates, hereby release you as the custodian of such information or records, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result because of compliance with this authorization to release such information, or any attempt to comply with this request.

This release shall remain in full force and effect for one year from the date set forth below, or, if employed by the City within one year from the that date, until rescinded by my written notice to the City after the termination of my employment.

Should there be any question as to the validity of this release, you may contact me as indicated below.

FULL NAME:	SIGNATURE:	
ADDRESS:	TELEPHONE: ()	
CITY:	STATE	ZIP

STATE OF FLORIDA
COUNTY OF DADE

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS _____ OF _____, 19____ BY _____, WHO PRESENTED _____ AS IDENTIFICATION, AND DID TAKE AN OATH.

(YOUR SIGNATURE)

(YOUR NAME)

NOTARY PUBLIC - STATE OF FLORIDA

(COMMISSION NUMBER)

(DATE YOUR COMMISSION EXPIRES)

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is a vertical margin line on the left side, creating a narrow left margin. The paper appears to be from a notebook or a standard sheet of stationery.

[illegible]

HAVE YOU WORKED FOR FLORIDA CITY IN THE PAST			[] NO
[] YES (POSITION	EMPLOYED FORM	TO)
DO YOU HAVE ANY RELATIVES WORKING FOR THE CITY			[] NO
[] YES (NAME	RELATIONSHIP)

HOW DID YOU LEARN THIS POSITION WAS AVAILABLE				[] NEWSPAPER	[] FRIEND
[] MAGAZINE	[] EMPLOYEE	[] OTHER (SPECIFY			

EMERGENCY CONTACTS

PRIMARY	RELATIONSHIP
TELEPHONE NUMBER (day time) []	(night) []
SECONDARY	RELATIONSHIP
TELEPHONE NUMBER (day time) []	(night) []

RESTRICTED RECORDS

Release of certain records of law enforcement personnel and their spouses and children are restricted. Are you a current or former law enforcement officer, or the child, spouse, or former spouse of a current or former law enforcement officer [] No [] Yes (attach complete information).

CERTIFICATION BY APPLICANT

Read carefully before signing

<p>I hereby certify that all statements made herein are true and complete. I understand that falsification of my application, any material omission, or misleading information will eliminate my application from consideration; if I have been appointed, I will be dismissed for any such falsification.</p> <p>I further understand that the City of Florida City is a Drug and Alcohol Free Workplace, that applicants are tested prior to appointment, and that if I test positive I will not be eligible for employment. As a condition of employment, I agree to periodic medical and psychological examinations as directed by the City; if I test positive for illegal drugs, or I am not able to perform my assigned duties due to alcohol, medical, psychological, or other conditions, that I will be dismissed.</p>	
<p>_____ Signature of Applicant</p>	<p>_____ Date</p>

FOR PERSONNEL DEPARTMENT USE ONLY

Date received				Complete [] Yes [] No	
Reviewed by				Accepted [] Yes [] No	
	Code 1	Code 2	Factor	Score	Comments
Education					
Experience					
Licenses					
Languages					
Military					

TOTAL

--	--

[illegible]